



"We provide services that are driven by genuine care for our community, each other and the laws we are trusted to uphold."

INTERNSHIP (Fargo Police Department)

The Fargo Police Department Police Department Internship program exposes, educates, and involves students in day to day police operations. The internship program fosters student's interest in a law enforcement career and builds a mutual understanding between the student population and the police department. The students will acquire an understanding of law enforcement functions within their community, whether or not the student decides to enter the profession of law enforcement. The program strives to instill values in the student such as law abiding habits, attitudes, and practices as a contributing citizen of the community.

Scope of Responsibility

The intern will function as a member of the department, and is expected to adhere to all departmental policies, procedures, and ethics. Interns will conduct themselves in a way that does not discredit the reputation of the Fargo Police Department both on and off duty.

Essential Duties and Responsibilities

- Complete assigned tasks with sufficient competency and in a timely manner.
- Participate in community activities such as the Annual Fargo Police Community Picnic, but at no time will the intern make public statements on behalf of the department for publication or broadcast concerning the plans, policies, or administration unless authorized to do so.
- Participate in patrol ride-alongs and job shadows in various units such as Investigations, Narcotics, Intel, Records Unit, Property Unit, Quartermaster, Training, Community Trust and Cultural Liaison Officers, Dispatch, and Crime Prevention.
- Prior to completion, interns will be required to complete a reflection paper which describes, in detail, their experience.
- Interns will keep a daily journal of activities that shall be turned in weekly to aid in the evaluation process and with their reflection paper.

Minimum Qualifications

- Must be currently enrolled in an accredited college or university.
- If enrolled in a four year program, must be at a junior or senior level.
- If enrolled in a two year program, must be in the final year.
- Must possess a cumulative GPA of 2.5 on a 4.0 scale or higher.
- Applicant must pass a drug test prior to employment.
- Applicant must agree to have a criminal records check completed prior to employment.

Application Procedure

Applicants must have their application submitted and received by the Fargo Police Department by the closing date posted or they will not be considered. Those applicants who are chosen for an oral interview will be notified via mail. Applicants who receive a conditional internship offer must successfully pass a criminal history check and drug test.

Applicants must submit a copy of their post-secondary education transcripts, a letter of recommendation from their academic advisor, and a one to two page essay describing why they are interested in an internship with the Fargo Police Department and what they think is the most pressing issue in law enforcement.

All applications must be received by 4 p.m. on Friday, May 11, 2018. Applications may be dropped off or mailed to the Fargo Police Department, 222 4 St. N., or emailed to Jessica Schindeldecker, Jschindeldecker@FargoND.gov.

Only fully completed applications will be considered.

Summer Internship Applicant Information

Information provided in this section is used for identification purposes only.

Last Name	First Name	MI	Maiden
Street Address (including unit/apt number)			
City	State	Zip Code	
Mailing Address (if different from residence)			
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Drivers License No. & State	
Email Address			

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Do you have social networking, instant messaging, or other internet-based profiles? If yes, provide screen name (s), service provider (s):

Education History

High School (s) attended	Address, City, State, Zip Code	Dates Attended	Graduated	
_____	_____	____ / ____	Yes	No
_____	_____	____ / ____	Yes	No
Do you have a G.E.D. Certificate?	Yes	No		

Were you ever expelled from school? If yes, give details:

List all awards, honors, scholarships, etc. you received during high school and college:

List all organizations, societies, clubs and associations in which you have held membership:

Identify all colleges, universities or technical schools you have attended. Make additional copies if more space is needed.

Name		Dates Attended MM/YY – MM/YY
Address		
Major/Course of Study		
Hours/Credits Completed	Degree	Telephone No.

Name		Dates Attended MM/YY – MM/YY
Address		
Major/Course of Study		
Hours/Credits Completed	Degree	Telephone No.

Name		Dates Attended MM/YY – MM/YY
Address		
Major/Course of Study		
Hours/Credits Completed	Degree	Telephone No.

Employment History

Employer		Dates of Employment
Address, City, State, Zip Code		
Telephone No.	Job Title	Beginning/Ending Salary
Name of Supervisor	Title of Supervisor	Supervisor's Telephone No.
Name of a Co-Worker		Co-Worker Telephone No.
Name of a Co-Worker		Co-Worker Telephone No.
Job Responsibilities		
Reason for Leaving		

Did you ever receive a verbal/written warning or reprimand? Yes No

If yes, give details:

Have you ever been fired or asked to resign from a job? Yes No

If yes, give details:

*Make additional copies if needed for additional employment information

Criminal History

Have you ever been arrested or detained by law enforcement? Yes No

If yes, complete the following:

Date MM/DD/YY	Agency	Offense	Outcome
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Date MM/DD/YY	Agency	Offense	Outcome
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Have you ever been convicted of, charged with, investigated for, or accused of any violations of criminal law?

Yes No

If yes, complete the following:

Date MM/DD/YY	Agency	Offense	Outcome
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Date MM/DD/YY	Agency	Offense	Outcome
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Have you *ever* committed an act of domestic violence? (“Domestic Violence” includes physical harm, bodily injury, sexual activity compelled by physical force, assault, or the infliction of fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault, not committed in self-defense, on the complaining family or household members- North Dakota Century Code Section 14-07.1)

Yes No

If yes, explain

Have you ever assaulted another person since the age of seventeen (17)? (“Assault” means to willfully cause bodily injury to another human being, or negligently cause substantial bodily injury to another human being by means of a firearm, destructive device or other weapon, the use of which against a human being is likely to cause death or serious bodily injury- North Dakota Century Code Section 12.1-17-01.1.01) Yes No

If yes, explain

Have you ever been considered or named as a suspect in a criminal investigation or criminal offense?

Yes No

If yes, explain

Other than crimes that would have been sealed by juvenile records, have you ever committed or assisted another person in the commission of a Felony crime, Class A Misdemeanor crime or a crime involving moral turpitude that went undetected or unreported to law enforcement? Yes No

If yes, explain

Alcohol & Drug Use

Do you consume alcoholic beverages? Yes No

If yes, how often? _____

Have you ever consumed alcoholic beverages when under the legal age? Yes No

If yes, provide how often and the circumstances surrounding the incident(s)

Have you ever furnished alcohol for anyone under the legal age? Yes No

If yes, provide how often and the circumstances surrounding the incident(s)

Have you ever used marijuana or hashish? Yes No

If yes, provide how often, method of use and the circumstances surrounding the incident(s)

Have you ever used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes No

If yes, provide the name of the drug (s), how often you used it, how you used it and the circumstances surrounding the incident(s)

Have you ever used any illegal drug other than marijuana? Yes No

If yes, provide the name of the drug (s), how often you used it, how you used it and the circumstances surrounding the incident(s)

Have you ever been treated for drug or alcohol addiction? Yes No

If yes, when? _____

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Personal References

List three (3) persons who know you well enough to provide current information about you. **Do not list relatives, former or present employers, or supervisors.**

Full Name		Years Known
Address, City, State, Zip Code		
Home Telephone No.	Work Telephone No.	Cellular No.
E-Mail Address		

Full Name		Years Known
Address, City, State, Zip Code		
Home Telephone No.	Work Telephone No.	Cellular No.
E-Mail Address		

Full Name		Years Known
Address, City, State, Zip Code		
Home Telephone No.	Work Telephone No.	Cellular No.
E-Mail Address		

Statement of Acknowledgement

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection.

"I understand that nothing contained in this application or in the granting of an interview or any policies, procedures, or handbooks that I might receive is intended to create an employment contract between the City of Fargo and myself for either employment or for the providing of a benefit. No promises regarding employment has been made to me, and I understand that no such promise or guarantee is binding upon the City of Fargo unless made to me and I understand that I have the right to terminate my employment at any time, for any reason, and the City of Fargo retains a similar right regarding the discontinuation of my employment."

I hereby acknowledge that I have read the above statement and understand it.

Signature (acknowledgement)

Date

For Official Use Only	
Accepted By:	
Date Received:	Interview Offered: Yes No
If no, why?	